



## **Report on social dialogue '50 years of RIZIV/INAMI'**

Carried out by the King Baudouin Foundation in collaboration with the National Institute for Health and Disability Insurance (RIZIV/INAMI)

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## SUMMARY

In 2014 the RIZIV/INAMI (National Institute for Health and Disability Insurance) celebrated its fiftieth anniversary. To mark this event the RIZIV/INAMI has undertaken a number of initiatives relating to the future of health care and benefits insurance (known in Dutch as GVI insurance) One of the key elements in the range of activities to mark the anniversary was a societal dialogue on high-priority themes in relation to an affordable, accessible, high-quality health care system. The aim of this societal dialogue was to gain a better understanding of how citizens think about the challenges of the future, thereby deepening and enriching the vision of the RIZIV/INAMI. It was decided to adopt a qualitative, participative approach. The RIZIV/INAMI turned to the King Baudouin Foundation (KBS-FRB) for methodological support for the societal dialogue.

The starting-point in terms of the content came from two important reflections on the GVI insurance system that were published early in the anniversary year: a quantitative opinion survey carried out by the TOR-VUB research group (led by Prof. Mark Elchardus) in which 1,200 Belgians were asked about a large number of issues relating to health care, and an open, written survey organised by the RIZIV/INAMI on the players who participate in consultation within the GVI insurance system. Based on these inputs and in collaboration with these stakeholders, an agenda was drafted for a citizen dialogue, which took place through ten regional round-table discussions (three in Wallonia, two in Brussels and five in Flanders). Some 400 citizens in all took part in these well-structured debates. In general, the dialogues were attended by a relatively homogeneous group of well-informed, well-motivated people who initially had a fundamentally positive attitude towards the Belgian health care system. The following insights emerged from the citizen dialogues:

- The participants give a positive assessment of the existing health care system in terms of its overall structure. The high quality of care, the diversity and accessibility of the offering, freedom of choice, the personal hard work done by health care providers and the good affordability on average, are all very much appreciated.
- Solidarity, considered as a value, is seen as the only desirable basis for a humane health care system. In general the participants see the way in which this solidarity is expressed in the health care system as average. Many citizens do quite well out of it, but there are some groups (poor people, older people) who fall through the net. Not all citizens contribute according to their ability.
- The participants understand very well that the redistribution mechanism based on solidarity is under pressure today, as a result of societal and economic forces. People are generally pessimistic about the future of our health care system. A development is expected to take place in the direction of more privatisation and commercialisation, greater inequality, more regulation and higher costs for citizens.
- The feeling of unease over the future of our health care system is made stronger by the fact that citizens know that they have virtually no representation as this development takes place. The health care system is in the grip of interest groups (mutual health insurers, syndicates of doctors, pharmaceutical companies). This is perceived as suffocating and also as unjust. What is more, the health care system is very complex and not very transparent for citizens. There is plenty of information available about health and disease, but there is perceived to be a lack of quality and coherence.

- The participants in the dialogues are skeptical about the desirability of remedies which are inspired by a rationale of 'blind' cuts and a belief in the operation of market forces. One comment that was heard very frequently was: "There is enough money in the system but it is not always used prudently." A liveable, humane health care system is a possibility if the stakeholders in the system can be made to feel responsible, with a view to reducing the burden of overconsumption (driven mainly by performance-based medicine), systemic abuses (by doctors not covered by the medical agreement, unreasonably high fees for specialists) and lack of institutional cohesion, professional compartmentalisation and poor information management. On the other hand there is also a desire to help citizen-patients to feel more responsible and to mobilise them more. By paying more attention to prevention, citizens can be mobilised to safeguard their own health. In fact the system should be oriented towards keeping people healthy rather than curing them. Finally, the participants consider that greater involvement in the health care process (re-humanisation) and citizen participation in guiding and monitoring the quality of the system can lead to savings in regard to many unnecessary costs.
- Another striking factor in the citizen dialogues was the relative absence of 'visionary' elements such as breakthroughs in the areas of medical technology or ICT. Citizens are in favour of greater participation but only a small number of references were made to the notable institutional changes that have taken place in the past decade - the law on patient rights, the ever more important role of patient associations and the incorporation of experience-based expertise in decision-making. Generally the participants in the dialogues do not expect interventions to modulate solidarity on the basis of age, behaviour, income etc. to be very helpful. This is seen as unethical and generally also as almost impossible to implement in practice.
- There were few new insights in regard to disability/unfitness for work. Generally the prevailing opinion was that the importance of social security fraud in this area should not be exaggerated. The problems in relation to stigmatisation (particularly in regard to psychiatric disorders) and reintegration were recognised but no miracle cures exist for these.
- The opportunity to take part in the citizen dialogue was generally very much appreciated. The citizens expect that the contributions made by the participants really can make a difference. There is also a desire that dialogues of this type should continue on a permanent basis.

A final section of the citizen dialogue involved an open survey which all visitors to the RIZIV/INAMI website were invited to complete.

- The *high level of protection* in the Belgian health care system is seen as a good thing. Nevertheless, proposals were made for corrective actions that could make the system more affordable and/or allow it to promote equality more effectively.
- The health care system should *focus more on prevention* in order to reduce the burden on the system. Investments in prevention should not be made at the expense of the budget for health care costs.
- The care provided should be driven more by quality than by quantity (performance-based medicine).
- Quality assurance, financial policy and more intensive collaboration between health care providers and services should be supported by up-to-date *information management*.
- The *architecture of the consultations* that take place on the management of the health care system was assessed positively. There is scope for this to be modernised.